Medical Attendant.

Undertaker,

Place of Business,65

Bealth Bepartment, Gitne Baltimore.
Permit No. 99052 Office of Registrar of Vital Statistics. Ward.  The Physician who attended any person in a last illness, is responsible folithe presentation of this Certificate, accumulately filled of
to the Undertaker or other person superintending the burial, within twenty-four hours after the seath of said deceased, or sooner, requested so to do, under penalty of law.  No Permit for Burial can be Obtained without Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Afril 5th
Full Name of Deceased, { Write legibly and spell of parents. If an Infant not named, give names of parents. See Male or Famale (Cross out the word not)
Sex, Male or Female, {Cross out the word not }
Age, 60 Years, Months, Day
Color, leolored
Married, Single, Widow or Widower, {Cross out the words not }
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 40 years  Place of Death, {Give Street and } 218 N. Biddle A
Cause of Death, { First (Primary), Second (Immediate), learning of Stormach  Duration of Last Sickness,
Duration of Last Sickness, & average All the above information should be furnished by the Physician.
Place of Burial Laurel Center
Date of Burial, ( 10 8 # 1887 )

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited	to the Remarks below, and to List of Diseases on b	back of this Certificate.
Bealth Departm	ent, Ging Baltimo	ore.
Permit No. 99053 Office of Red	AV	Ward 2"
The Physician who attended any person in a last illust to the Undertaker or other person superintending the buris		
requested so to do, under penalty of law.	e OBTAINED MEHOOT A PROPER CERTIFICATE.	
CERTIFICA	TE OF DEATH	. 0
Date of Death,	ril 4th 1887	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names }	Maria Boss	
Sex, Male or Female, {Cross out the word not }		
Age, Years,	Months,	Days.
Color,	thile )	/
Married, Single, Widow or Widower, Cross of require	out the words not }	/
Occupation,		
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Cely	
Duration of Residence in the City of Bal	ltimore, Since Ver	T
Place of Death, {Give Street and }	524 8. holf	30
Cause of Death, { First (Primary),	Poneumonia)	
Duration of Last Sickness,	4 days	
Place of Burial, Il Clausique	all	
Date of Burial, Speech 18	1XX 1 21 9 11	2
(Undertaker, Ho! Sander Has	hot in 00. Of the	Attendant. D.
Place of Business/ The Cantino	axadress 1709 alice	anna fr

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City	of Baltimore.
Permit No. 99054 Office of Registrar of Yo	
The Physician who attended any person in a last illness, is responsible for to the Undertaker or other/person superintending the burial, within twenty-four	the presentation of this Certificate, accurately filled out, hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law.  No Permit for Burial can be Obtained Without	TA PROPER CERTIFICATE.
CERTIFICATE OF	EXPEATH A
Date of Date (Mil) 4/20R	580
Date of Death, Write legibly and spell	· ( 11 l at.
Full Name of Deceased, {Write legibly and spell correctly. It an Infant not named, give names of parents.	200 . 6 - 42
Sex, Male or Female, required in this line.	
Age, Years,	Months, Days.
Color, alie	0 1
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation, State or country, and how)	0. 6
Birth Place, long in the United States, lif of foreign birth.	6 · A
Duration of Residence in the City of Baltimore,	1 - th
Place of Death, $\{^{\text{Give Street and}}\}$	fare: di-
Cause of Death, Second (Immediate),	. Pulmondi,
Duration of Last Sickness,  All the above information should be durnished by the Physician.	nouth
Place of Burial, I gallynow com	C .
Date of Burial, Mull 10/887 & C	this is
(Undertaker, Ho Souder + Hos	Medical Attendant.
Place of Business, 170 Caulton Andress,	285 6 Elevery
Extract from Regulations of the Board of Health to secure a full and City of Baltimore.	correct record of the Vital Statistics in the
Section 2. And be it further enacted and ordained, That whenever any per the Physician who attended during his or her last sickness, or the Coroner, who twenty-four hours after the death, to the Undertaker or other persons superinter the same can be ascertained, the full name, sex, age, and condition (whether mand date of death.	hen the case comes under his notice, to furnish within nding the Burial, a certificate setting forth as far as

oruntale.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certification	ate.
Permit No. 99055 Office of Registrar of Vita Statistics. Ward	
Permit No. ———————————————————————————————————	out r, ii
CERTIFICATE OF DEATH.	)
Date of Death, Clfril 5 1887	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Ham & Strellerg	
Sex, Male or Female, {Cross out the word not }	
Age, Years, Months, Da	tys.
Color, Color	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, Life time	
Place of Death, {Give Street and } 1103 h Wolfs	
Cause of Death, { First (Primary), / NEWMONICE Second (Immediate), Africa	
Duration of Last Sickness, All the above information should be furnished by the Physician.	
Place of Burial, Carride grace	
Date of Burial, Spril 7 th 1887 1 4	D.
J. Undertaker, Medical Attendant.	ν.
Place of Business, 15 N. Gay A Address, 13 11 18 1100	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, Company Baltimore.
Permit No. 99056 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law.  No Permit for Burial can be Obtained without Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 4 8%
Date of Death,  Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}  Sem Male on Former (Cross out the word not)
Sex, Male or Female, {Cross out the word not }
Age, 69 Years, Months, - Days.
Color, White.
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Occupation,  Birth Place, {State or country, and how long in the United States, if of foreign birth.  Description of Residence in the City of Raltimore 69 4
Duration of Residence in the City of Baltimore, 69 Jean
Place of Death, (Give Street and) 802 A Proafficay
Cause of Death, Second (Immediate),
Duration of Last Sickness, Been Jaching for Wash Two years or More All the above information should be furnished by the Physician.
Place of Burial preenant. Cemetry
Date of Burial, April 8 1/87 ) The Summer and M. D.
(Undertaker, M. A. Dayer Attorny Medical Attendant.
{ Undertaker, M. A. Daign Attoing   Address, 802. N. B. Medical Attendant.  Place of Business, 229 & Bruy, Address, 802. N. Blowy -
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.  [OVER.]

The Special Attention of Physicians	s is Respectfully Invited to the R	demarks below, and to	List of Diseases on Back of	this Certificate.
	Department,			. / "
Permit No. 99057	Office of Registre	THE PHEADS	Ward	6-
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of	ny person in a last illness, is assessible superintending the burial, within	onsible for the presenta two power fours for ED WITHOUT A PROPE	tion of this Certificate, accurate the dear of said deceased	rately filled out,
CER	TIFICATE	OF DI	EATH.	13
Date of Death,	24 Mah	ster Ap	1.5 th 188	7
Full Name of Deceased, $\left\{  ight.$	Write legibly and spell correctly. If an Infant not named, give names of parents.	itin H.	Herman	
Sex, Male or Female, {Cross required:	out the word not }			
Age, 33	Years,	Months,	2 )	Days
Color,	Kr	lite		
Married, Single, Widow	r Widower, {Cross out the wor required in this		\ /	
Occupation,	0		\/	
Birth Place, {State or country, and long in the United if of foreign birth.			<b>Y</b>	
Duration of Residence in	the City of Baltimore,	about	20 Jears	
Place of Death, Give Street as Number.	id) 626 A.C	hester &	t.	
Cause of Death, \	mary), Heart dise	· lan	liegted with a	Chamine
Second (I	mmediate), Cusaeani	n with	reart Jan	luce
Duration of Last Sicknes All the above information should be		ronths		
Place of Burial, Hou	ley livess	Com.	1	
Date of Burial, Cog	rily 188	7.6.90	ovns	M. D.
Undertaker, Jely	n Sperior		Medical Attendant	
Place of Business, 20	08 Orleans	Add 183	5 6. Balls.	SA
Extract from Regulations of t	he Board of Health to secure	a full and correct r	ecord of the Vital Statis	stics in the

City of Baltimore.

Section 2. And be it further exacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians	is kespectivity inview for the	servers below, and to	List of Diseases on D	ack of this Certificate
Permit No. 99038  The Physician who attended a to the Undertaker or other person strequested so to do, under penalty of	Office of Registral my person in a last illust, is resuperintending the burial, within law.  T FOR BURIAL CAN BE OBTAIN	ponsible for the presen twenty-four hours after	Catistics.  Intation of this Certifier the death of said	Ward 2
CER	TIFICATE	- 0		し 力
Full Name of Deceased, { Sex, Male or Female, { Cross	Write legibly and spell correctly. If an Infant not named, give names of parents.	lary Ja	enowski	/
	Years,	While		Days.
Married, Single, Widow of Occupation,			\	
Birth Place, {State or country, and long in the United Stiff of foreign birth.  Duration of Residence in Place of Death, {Give Street and Number.	the City of Baltimore  d}  ## 2	Sin S. Bon	ee Birth	
	mmediate), la	pellay	Bronch	that
Duration of Last Sicknes.  All the above information should be for Place of Burial, Solution of Burial, So	unished by the Physician.  Colornous Comi	John N. O	Rehberg	~ M. D.
Place of Business,/73	Alsam Va	Idress# 170	9 alice	attendant. Annah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Place of Business, 203

Bealth Department,	City	of	Baltin	nore.	
Permit 16. 99039 Office of Registrar	of Vita	1 Sta	tistics.	Ward /	5
The Physician who extended any person in a last illness, is resout, to the Undertaker or other person superintending the bard sooner, if requested so to do, under penalty of law.  No Permit for Burist Con Be Out at	Park	e preser	ntation of this (		rately filled leceased, o
APE	5 1887	2	ER CERTIFICAT	· (	1
CERTIFICATE	OF TORS	DI	EATL	1.	
Date of Death,	Af	rel	6 mi	188/	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	tydia.	8.	Kan	e'	/
Sex, Male or Female, {Cross out the word not }			•••		/
Age, 5 Years, 4		Mont	hs.	/	Days
Color,		0)	while	7 //	
Married, Single, Widow or Widower, Cross out the wor required in this l	ds not }		•••	1	
Occupation,			·····	V	
Birth Place, {State or country, and how long in the United States, if of foreign birth.		0	ily		
Duration of Residence in the City of Baltimore,	16 14	·	0		
Place of Death, {Give Street and }	#//		Lee.	217	
Cause of Death, Second (Immediate), Color  Duration of Last Sickness,	'clary	10	Frome	hilis	7
Duration of Last Sickness,		lu	0 (2)	Doy	0
All the above information about the formished by the Physician.  Place of Burial, Of Feters Cen					
Date of Burial, Ofisil 8th 187	8.1	hu	chear	e	M. D.
(Undertaker, C.f. Sprouse & Lon			Me	dical Attendan	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Canver Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Board of Health, City of Baltimore,
Permit No. 99060 Office of Registrar of Vital Statistics. Ward 19 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately food, to the Undertaker or other person superintending the burnar, within the charge four hours after the death of said decrased, or some
If requested so to do, under penalty of law.  No Permit for Burial can be Optioned without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Opl 6/89
Date of Death,  Of 6/87  Full Name of Deceased, { Write legibly and spell- correctly. If an Infant not named, give names of parents.}  Grant The Alexander Margaret McClark  Of parents.
Sex, Male or Female, required in this line.
Age, Years, Months, Days
Color, While
Married, Single, Widow or Widower, {Cross out the word not }
Occupation,
Birthplace, \{State on country, and now \ long in the United States. \} 98 Mohumer d
Duration of Residence in the City of Baltimore,
Place of Death, Give street and 98 Mohmon 189
Cause of Death, Second, (Immediate,)  Cause of Death, Second, (Immediate,)
Duration of Last Sickness, — Jad aumin thom of the
Place of Burial, Phy Leters
Date of Burial Christ 7/87 ( Jeft Phollo M. D.
Undertaker, Chab. J. Schwer Address, 17 8 Mas 15 or J.
Extract from Regulations of the Board of Health to secure a full and correct record of  Vital Statistics in the City of Battimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dr of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to farm

within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceases

the cause and date of death, except in cases of births and deaths of illegitimate children.

THYSICIANS IS KESPECULLITY INVITED to the Ke

## Bealth Bepartment, Gity of Baltimore.

Office of Registrar of Vital Statistics. Ward. The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled one, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OFFITTO A TE	MTH
CERTIFICATE (	

Chris 3" 188/	
Theresa Slowski	
5 Months, Do	rys
White.	
words not }	
Rattoped.	
θ,	
1511 Burrough St.	
halarial Fever	
Convulsions	
days	
1 01,000	
Medical Attendant.	D.
Address, 1019 Light St.	
e -	Sommelsions  Pobert & Powe M.  Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.